

**STATE OF SOUTH CAROLINA  
COUNTY OF BERKELEY**

**PROBATE COURT**

**IN THE MATTER OF**

**CASE NUMBER**

**ANNUAL REPORT OF GUARDIAN**

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

1. Where is the incapacitated person living?
  
  
  
  
  
  
  
  
  
  
2. Please describe any change in the incapacitated person's physical or mental condition within the last year.
  
  
  
  
  
  
  
  
  
  
3. Has the incapacitated person been seen by a physician this past year?  
☐ NO ☐ YES If yes, please explain.
  
  
  
  
  
  
  
  
  
  
4. Are you receiving any money from any source on behalf of the incapacitated person?  
☐ NO ☐ YES If yes, from whom and how much:
  
  
  
  
  
  
  
  
  
  
5. Are you in control of any tangible property of the incapacitated person?  
☐ NO ☐ YES If yes, describe and report on its condition.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone(O): \_\_\_\_\_

(H): \_\_\_\_\_

☐ Check here if address or phone number different  
from last report.